



U.S. Agency for  
International  
Development

Bureau for  
Global Health

# COUNTRY PROFILE

HIV/AIDS

## ERITREA

The HIV/AIDS epidemic is at an early stage in Eritrea, compared with other sub-Saharan African countries, and good prospects exist for preventing the worst impact of this disease. UNAIDS has limited surveillance information in Eritrea, but estimated at the end of 2001, 55,000 people were living with the disease, with an adult prevalence of 2.8 percent. The

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	55,000
Total Population (2001)	3.8 million
Adult HIV Prevalence (end 2001)	2.8%
HIV-1 Seroprevalence in Urban Areas	
Among population groups known to be at high risk (i.e., sex workers; STI patients; others with known risk factors).	24.1%
Among population groups with no known high risk factors (e.g., pregnant women, blood donors).	4%

Sources: UNAIDS, U.S. Census Bureau

National AIDS Control Program estimates approximately 60,000 to 70,000 Eritreans are currently living with the disease. In 1996, AIDS was registered as the 10th leading cause of death in Eritrean hospitals. By 2001, it had risen to the second leading cause of death among inpatients older than 5 years.

Approximately 70 percent of reported AIDS cases occur among young adults aged 20 to 39, and approximately 5 percent occur in children under 15. Heterosexual contact is believed to account for 90 to 95 percent of AIDS cases, while mother-to-child transmission accounts for 5 percent. The majority of reported AIDS cases (98 percent) have been found in the urban centers of Asmara, Massawa, and Assab. In 1999, the Ministry of Health (MoH) reported 386 known cases of AIDS orphans in Asmara alone. UNAIDS estimated by the end of 2001, 24,000 Eritrean children had lost one or both parents to AIDS.

In 2002, Eritrea's MoH released the results of the first nationwide survey of HIV prevalence, attitudes, and behaviors. The study reported in 2001, approximately 4.6 percent of soldiers and 22.8 percent of female bar workers were HIV-positive.



Map of Eritrea: PCL Map Collection, University of Texas

The 2002 study also found HIV/AIDS awareness is high; 99 percent of respondents reported they had heard of HIV/AIDS. Despite high levels of awareness and concern about the threat of HIV, a low perception of personal risk existed among the respondents. Seventy-two percent of those surveyed thought they were at no risk of contracting HIV. Women were more likely than men to report they had no risk of infection, although more than 56 percent of women surveyed reported their husbands or partners had more than one partner. High percentages of bar workers (60 percent) and soldiers (62 percent) also felt they were not at risk of infection.

According to UNAIDS, Eritrea could face a rapid expansion of HIV/AIDS in the next few years. Reasons for concern include the

1300 Pennsylvania  
Avenue NW  
Washington, DC  
20523-3600

www.usaid.gov

planned demobilization of almost 200,000 soldiers and eventual reopening of borders closed during the 1998–2000 war with neighboring Ethiopia (which has the third largest number of persons living with HIV/AIDS in the world). Internal population displacement in the wake of the conflict and economic vulnerability were also cited.

## **National Response**

Eritrea developed its first five-year plan for HIV/AIDS control in 1997. The USAID-sponsored HIV prevention condom social marketing program began sales in 1998. In 2001, Eritrea signed a \$40 million credit agreement with the World Bank to establish the HIV/AIDS, Malaria, Sexually Transmitted Infections and Tuberculosis project (HAMSET). The HAMSET Project was launched by President Isaias when he spoke to the nation for the first time about the threat of HIV. The HAMSET Project finances an integrated and multisectoral approach to the control of HAMSET diseases. It has already financed the construction of a new national blood bank in Asmara. In addition, it supports voluntary counseling and testing for HIV in 20 hospitals around the country. Development of a life-skills curriculum for schools that will include HIV/AIDS education is also planned.

Several smaller projects have been developed to assist the growing number of Eritreans living with HIV/AIDS and to prevent the further spread of the disease. For example, Norwegian Church Aid supports a program of the Eritrean Evangelical Church to help women get out of prostitution. In cooperation with the United Nations Population Fund and the Danish Embassy, the Eritrean MoH encourages community care and support for people living with HIV/AIDS. Implemented by Eritrean faith-based and community organizations, the Community-Based HIV/AIDS Care and Support: Mobilizing the Civil Society of Eritrea Project will provide basic nursing training to volunteers so they may offer home-care services to people living with AIDS.

In 2001, a group of men and women living with HIV/AIDS formed Bidho (Challenge), the first Eritrean association of people living with and most affected by HIV/AIDS. The organization conducts workshops, training courses, and support groups to educate people about HIV/AIDS. It also plans to set up an HIV/AIDS information hotline.

The Eritrean government and nongovernmental organizations are using innovative methods to reach the population with HIV prevention messages, such as involving well-known sports and entertainment personalities in television and radio campaigns; developing nationwide poster campaigns; implementing educational projects in schools, youth clubs, and camps for internally displaced people; and social marketing of condoms (which are readily available nationwide).

The MoH is working to improve medical treatment for people living with HIV/AIDS. A pilot program to introduce anti-retroviral drugs for the prevention of mother-to-child transmission of HIV will begin implementation in 2003.

## **USAID Support**

The U.S. Agency for International Development (USAID) allocated almost \$1.5 million to HIV/AIDS activities in Eritrea in FY 2001, an increase from \$500,000 in FY 2000. Although the country's HIV/AIDS prevalence is still relatively low compared with many other countries in the region, the risk of an epidemic is considered high due to the large number of Eritrean troops aged 18–41 to be demobilized from the border conflict with Ethiopia. In addition, more than 1 million Eritreans were displaced by the military offensive launched in May 2000. Given this high-risk situation and early recognition of the threat by the Government of Eritrea, USAID/Eritrea is rapidly expanding support from condom social marketing to other aspects of HIV/AIDS prevention and care.

USAID supports the following country programs:

### **Advocacy**

USAID's Africa Bureau sent a specialist in 2000 to reinforce MoH efforts to involve religious leaders in the fight against HIV/AIDS. USAID also arranged for Eritrea to be represented at the December 2000 White House Summit of Religious Leaders on HIV/AIDS. In collaboration with UNAIDS, USAID sponsored an Ambassadors of Hope Mission in

November 2000 through which Ugandan HIV activists met with thousands of Eritreans, from cabinet ministers to front-line troops, to alert them to the threat of HIV/AIDS.

### ***Voluntary Counseling and Testing***

USAID/Eritrea provided technical support and training to establish voluntary counseling and testing in 20 hospitals and a voluntary counseling and testing center. More than 100 counselors have been trained, including trainers of trainers, and the testing protocol was revised to make possible same-day test results.

### ***Care and Support***

USAID/Eritrea sponsored consultations by experts living with AIDS for the establishment of Bidho. The MoH comprehensive care and support manual was finalized with USAID training and technical support.

### ***Behavior Change Communications***

USAID/Eritrea has supported extensive training and formative research to develop mass media communications, peer education, youth theater productions, and counseling to prevent and reduce the stigma associated with HIV/AIDS. These activities include mobile video unit presentations in remote villages, concerts, dramatic performances, school debate events, and essay contests.

### ***Condom Social Marketing***

USAID/Eritrea has supported the national HIV/AIDS prevention condom social marketing program since 1997. Sales of *Abusalama* condoms were launched in 1998. To date, 13 million condoms have been sold. The Eritrea Social Marketing Group is the first organization permitted to distribute condoms outside of traditional pharmaceutical outlets. This program has made condoms affordable and widely available.

To better reflect the lifestyle and attitudes of young Eritreans, the Eritrea Social Marketing Group redesigned the *Abusalama* packaging and logo in 2001 with input from Eritrean youth. The condoms were relaunched to the public at a free concert that received extensive media coverage. Condom vending machines were also introduced to address privacy issues. Sales of *Abusalama* condoms increased 25 percent in 2001 as a result of the relaunch.

## **Challenges**

In 2000, six members of the United States Department of State International Visitors Program—representing Eritrean trucking, pharmaceutical, health care and trade industries, as well as a youth organization—cited several challenges to HIV/AIDS prevention and care in Eritrea:

- Spread of HIV/AIDS exacerbated by the state of war;
- Extensive destruction of social and economic resources;
- Soldiers away from home for extended periods of time more likely to have multiple sex partners;
- Civilian refugees and displaced persons more likely to spread HIV because of crowded and transient living conditions;
- Need for experts to share experiences and teach Eritreans how to apply HIV/AIDS strategies;
- Need for technical HIV/AIDS assistance and training, as well as supplies of condoms, educational materials, and primary medicines for opportunistic infections; and
- Cultural barriers prevent AIDS prevention methods from being accepted.

## Selected Links and Contacts

1. USAID/Eritrea: Linda Lou Kelley, Chief, Health Strengthening Office. U.S. address: 7170 Asmara Place, Washington, DC 20521-7170. Local Address: 34 Zera Yacob Street, Asmara, Eritrea. Tel: (291-1) 126-546, Fax: (291-1) 123-093.
2. PSI/Eritrea: Eritrean Social Marketing Group, P.O. Box 5839, Zone 1 Subzone 01, Nakura Street, House No. 14, Asmara, Eritrea. Tel: (291) 1-12-62-40; Fax: (291) 1-12-73-50. E-mail: [abus@gemel.com.er](mailto:abus@gemel.com.er).

*Prepared for USAID by TvT Associates/Social & Scientific Systems, Inc., under The Synergy Project  
For more information, see [www.usaid.gov/pop/aids](http://www.usaid.gov/pop/aids) or [www.synergyaids.com](http://www.synergyaids.com)*

**November 2002**

